

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olalani Senior Care, LLC	CHAPTER 100.1
Address: 45-217 William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: May 6, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #2 – Medications not reevaluated and signed by a physician or APRN every four (4) months from 9/19/2019 to 2/4/2020.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	5/16/20

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #2 – Medications not reevaluated and signed by a physician or APRN every four (4) months from 9/19/2019 to 2/4/2020.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>See Attached</p>	5/16/20

OLALANI SENIOR CARE, LLC

PLAN OF CORRECTION- ANNUAL INSPECTION MAY 6, 2020

11-100.1-15 Medications. (g)

-Correcting the deficiency after-the-fact is not practical or appropriate at this time.

PCG made an appointment with resident's PMD for a doctor's visit and to review and sign resident's medication list. New order of routine doctor's visits written by resident's PMD and given to PCG. Placed new order in resident's chart. **Copy enclosed.**

Future Plan:

- Staff meeting held on 6/11/20 with PCG and staff to present to them, new deficiency and discussed what needed to be done now and to prevent recurrence of the same deficiency in the future.
- RN, PCG or a designated staff to check the Physician's Order Form (POF) every 2-3 months or randomly check the date of resident's last PMD's or APRN's visit to review and sign the resident's medication list.
- RN, PCG or a designated caregiver to randomly check POF of resident against the current MAR as a double check and reminder that the next PMD's visit is within 3-4 months or as ordered by physician or APRN, as long as not to exceed one year.
- RN, PCG or designated substitute caregiver who made the last entry to the resident's MAR or who created the monthly MAR at the first of every month to check the POF also and write a note when next appointment is or make an appointment if not made yet for doctor's visit, medications review and signature. Note to be placed at the beginning of the resident's chart for reminder.
- To make an appointment for the resident's next MD or APRN's visit and medications review right after the last visit and write appointment on calendar upon arrival at the care home or create a date reminder on PCG's cell phone for the next visit under "Reminders".

Date of Completion: May 16, 2020

Suzanne J. Carlson, R.N., R.C.C.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS Resident #1 – No nutrition care plan was developed for resident on dysphagia pureed diet, nectar thickened liquids, and Ensure Enlive Supplement.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>See Attached</p>	6/9/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><u>§11-100.1-88 Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS Resident #1 – No nutrition care plan was developed for resident on dysphagia pureed diet, nectar thickened liquids, and Ensure Enlive Supplement.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>See Attached</i></p>	6/9/20

11-100.1-88 Case Management qualifications and services. (c)(2)

The deficiency was corrected.

Resident's RN, CM visited the Care Home. Plan of Care and Comprehensive Assessment were reviewed by CM, RN and PCG. Missing Nutrition Care plan on Dysphagia Diet, Nectar-thickened liquids and Ensure Enlive® Supplement discussed.

Future plan of what needs to be done to prevent the same mistake were also discussed.

CM, RN developed a new nutrition care plan for resident which included but not limited to Dysphagia, Pureed diet, nectar-thickened liquids and Ensure Enlive® Supplement. CM, RN, PCG and staff went over new care plan to familiarize with interventions, goals and evaluation of outcomes. **Copy Enclosed.** Completion Date: 6/9/20

Future Plan:

To prevent recurrence of the same deficiency in the future:

-Diagnoses and present problems will be reviewed by RN, CM and PCG on initial assessment upon admission. Plans of care will be developed by RN, CM on every problem/diagnosis identified and will be reviewed within 48 hours from admission and during monthly visits thereafter to prevent missing specific plan of care needed by expanded resident. PCG and all staff will follow plan of care for the prevention and treatment of the resident's specific illness or diagnosis.

-RN, CM and PCG will collaborate to check/recheck/review resident's plan of care during monthly visits, making sure that all of resident's problems have been covered; plans of care have been developed by RN, CM and are in resident's medical chart for PCG and staff to review.

-PCG will recheck all written care plans of expanded resident at the end of every month against list of problems/diagnoses initially identified by RN, CM. PCG will also check for completeness, appropriateness and the presence of care plans in the resident's medical chart.



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS</p> <p>Resident #1 – Aspiration care plan did not identify the problem/need, was not updated to include the current diet texture order (dysphagia pureed), and individualized aspiration precautions of at 35-40 degrees up when fed, seated upright 20-30 minutes past meals, 1:1 assist with meals, and 1:1 supervision.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>See Attached</i></p>	6/9/20

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – Aspiration care plan did not identify the problem/need, was not updated to include the current diet texture order (dysphagia pureed), and individualized aspiration precautions of at 35-40 degrees up when fed, seated upright 20-30 minutes past meals, 1:1 assist with meals, and 1:1 supervision.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>See Attached</p>	6/9/20

11-100.1-88 Case Management qualifications and services. (c)(4)

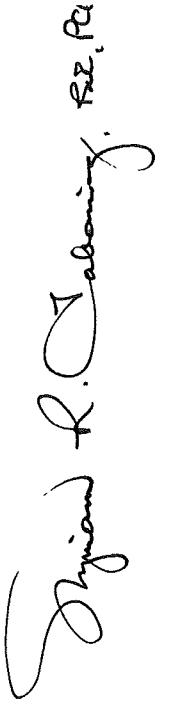
The deficiency was corrected.

PCG met with RN, CM and discussed the incomplete and not updated "Aspiration" Care Plan. RN, CM developed a new aspiration care plan that now includes the dysphagia diet and interventions that were not initially included in the plan of care to meet resident's needs for safety and quality care.

PCG and staff were informed of the new aspiration plan of care which was added to the current care plans. **Copy of new developed care plan enclosed. Completion date: 6/9/20**

Future Plan:

- PCG and RN, CM will collaborate to check the Expanded resident's Plan of Care for any missing, incomplete care plans once Comprehensive Assessment is done and Problems identified.
- RN, CM will also recheck completed care plans of the resident on the next following monthly visit. PCG will report to RN, CM of any found missing or incomplete plan of care of any old or newly found problems.
- PCG and RN, CM will collaborate that all care plans, assessment forms, monthly visit summary forms are placed in the chart immediately once completed for review of completeness and update.



Sujian R. Cabony, R.N., R.C.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS Resident #1 – No documentation that the case manager coordinated caregiver training for resident with dysphagia and recent hospitalization for aspiration pneumonia.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>See Attached</p>	6/9/20

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11-100.1-88 Case Management qualifications and services. (c)(6)

The deficiency was corrected.

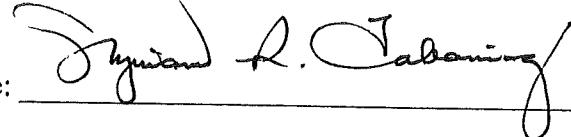
RN, CM visited the care home and met up with PCG and staff. Resident's care plans on dysphagia, Aspiration Pneumonia and other related plan of care such as nutrition were discussed. Training by RN, CM for the resident with dysphagia and recent hospitalization with Aspiration Pneumonia to PCG and staff done. Training has been documented on training form with signatures of PCG and staff.

Completion Date: 6/9/20

Future Plan:

- RN, CM and PCG will make sure that upon admission/re-admission of a resident, all new identified problems or diagnoses will have a care plan made with documented training of all staff and PCG.
- RN, CM and PCG will check/recheck that all documented training forms with signatures are in the resident's chart for review during CM's monthly visits.
- PCG or designated substitute caregiver will randomly check the chart for the documented training forms with signatures every 3 months for completeness and presence of forms in the chart.

Suzanne Johnson, R.N., PCG

Licensee's/Administrator's Signature: 

Print Name: MYRIAM R. TABANAG

Date: 6/11/20